MICHIGA	AN DEPARTMENT OF LABO BUREAU OF COMME				
Date Received	1	OR BUREAU USE ONLY)			
	This document is effective on the a subsequent effective date within received date is stated in the document.	n 90 days after			
Name					
Address					
City	State	Zip Code			
		EFFECTIVE	DATE:		
	urned to the name and address ument will be mailed to the regi				
	_				
	by Domestic and Forei	TERED OFFICE AND/OR (gn Corporations and Lim	ited Liability Co		
Pursuant to the r	•	rmation and instructions on rever of 1972 (profit corporations), Act 16	,	2 (nonprofit	
	3, Public Acts of 1993 (limited lial	bility companies), the undersigned c			
1. The name of the co	orporation or limited liability comp	pany is:			
2. The identification number assigned by the Bureau is:					
3. a. The name of the	e resident agent on file with the E	Bureau is:			
b. The location of	the registered office on file with t	ne Bureau is:			
			Michigan		
(Street Add c. The mailing add	ress) dress of the above registered office	(City) ce on file with the Bureau is:		(ZIP Code)	
		,	Michigan		
(Street Addr	ress or P.O. Box)	(City)		(ZIP Code)	
ENTE	ER IN ITEM 4 THE INFORMATIO	N AS IT SHOULD NOW APPEAR	ON THE PUBLIC RE	CORD	
4. a. The name of the	e resident agent is:				
b. The address of	the registered office is:				
(Street Add	ress)	(City)	, Michigan	(ZIP Code)	
c. The mailing add	Iress of the registered office IF D	IFFERENT THAN 4B is:			
(Street Add	ress or P.O. Box)	(City)	, Michigan	(ZIP Code)	
5. The above changes of CORPORATIONS Of been mailed to the control of the control	were authorized by resolution duly ad NLY: the resident agent if only the ac proporation; 3. LIMITED LIABILITY CC	opted by: 1. ALL CORPORATIONS: its ddress of the registered office is changed MPANIES: an operating agreement, aff 405, or the resident agent if only the add	d, in which case a copy o irmative vote of a majori	ROFIT of this statement has tity of the members	
The corporation or limited liability company further states that the address of its registered office and the address of its resident agent, as changed, are identical.					
Signature		Type or Print Name and Title or Capac	ity	Date Signed	

Preparer's Name	
Business telephone number	

INFORMATION AND INSTRUCTIONS

- 1. This form may be used to draft your Change of Registered Office and/or Change of Resident Agent. A document required or permitted to be filed under the act cannot be filed unless it contains the minimum information required by the act. The format provided contains only the minimal information required to make the document fileable and may not meet your needs. This is a legal document and agency staff cannot provide legal advice.
- 2. Submit one original of this document. Upon filing, the document will be added to the records of the Bureau of Commercial Services. The original will be returned to your registered office address, unless you enter a different address in the box on the front of this document.

Since this document will be maintained on electronic format, it is important that the filing be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.

- 3. This Certificate is to be used pursuant to section 242 of Act 284, PA of 1972, or Act 162, PA of 1982, by domestic and foreign corporations, or pursuant to section 209 of Act 23, PA of 1993 by domestic and foreign limited liability companies, for the purpose of changing their registered office or resident agent, or both.
- 4. Item 2 Enter the identification number assigned by the Bureau. If this number is unknown, leave it blank.
- 5. Item 3 The address of the registered office and the name of the resident agent must be the same as are designated in the Articles of Incorporation, Articles of Organization, or subsequent change filed with the Bureau.
- 6. Item 4 A post office box may not be designated as the address of the registered office. The resident agent can change the registered office by filing this form only if this is a profit corporation or a limited liability company.
- 7. This Certificate must be signed by:

PROFIT CORPORATIONS: an authorized officer or agent. The resident agent may sign if only the registered office is changed. **NONPROFIT CORPORATIONS:** president, vice-president, chairperson, vice-chairperson, secretary or assistant secretary of the corporation.

DOMESTIC LIMITED LIABILITY COMPANIES: A manager, if managed by one or more managers, a member if management remains in the members, or an authorized agent of the company. The resident agent may sign if only the registered office is changed.

FOREIGN LIMITED LIABILITY COMPANIES: a person with authority to do so under the laws of the jurisdiction of its organization. The resident agent may sign if only the registered office is changed.

To submit by mail:

Michigan Department of Labor & Economic Growth Bureau of Commercial Services Corporation Division 7150 Harris Drive P.O. Box 30054 Lansing, MI 48909 To submit in person:

2501 Woodlake Circle Okemos, MI Telephone: (517) 241-6470

Fees may be paid by VISA or Mastercard when delivered in person to our office.

MICH-ELF (Michigan Electronic Filing System):

First Time Users: Call (517) 241-6470, or visit our website at http://www.michigan.gov/corporations Customers with MICH-ELF Filer Account: Send document to (517) 241-9845

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.